Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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PhilHealthOfficial teamphilhealth

Self-assessment / Accreditation Survey Tool
PhilHealth YAKAP Provider

Name of HF : _____
Address : _____
Name of Head of Facility : _____ PhilHealth Accreditation No.: _____
Date of Pre-Accreditation Survey: _____

Ownership : ☐ Government (LGU, DOH, others) ☐ Private

Type of Health Facility:

- ☐ Hospital (L1, L2, L3)
- ☐ Infirmary
- ☐ Ambulatory Surgical Clinic
- ☐ MHO/CHO
- ☐ RHU/Health Center
- ☐ Medical Outpatient Clinic
- ☐ Others: _____

Directions for the HF:

1. Put a check (**✓**) in the "Yes" column if the service is available.
2. Put an (**x**) in the "No" column if the same is not available in the HF. Indicate in the remarks column in case there is an alternative and comment if acceptable or not.
3. For outsourced services, put an (**x**) in the "No" column and indicate the name of the outsourced service provider in the remarks.
4. Outpatient Primary Care Services are included in the tool in case the provider plans to provide the packages. Please fill up these sections as applicable****.
5. This tool shall also be used by PhilHealth in validating compliance of the applicant.

MINIMUM REQUIREMENTS		HF		PHIC		REMARKS
		Yes	No	Yes	No	
1.0	**License**					
	a. DOH License (for hospitals, ASCs, Infirmaries, PCFs, etc.)					
	b. Mayor's Permit/Business Permit for private facility					
2.0	**General Infrastructure**					
	a. Clear signage/s on the following:					
	1. Name of the Facility					
	2. PhilHealth YAKAP accreditation*					
	3. PhilHealth YAKAP operating hours*					
	4. Available services					
	5. Process flow of YAKAP benefit availment*					
	6. Process flow for referral to outsourced services					
	b. Generally clean environment, with prohibition for smoking					
	c. Adequate lighting and electric supply					
	d. Adequate clean water supply					
	e. Sufficient seating for patients in a well-ventilated area					
	f. Consultation area					
	1. With structure assuring patients' privacy					

*For renewal of accreditation only
** If outsourced, secure evidence of compliance from outsourced service provider
***After approval of initial accreditation

	2. With available examination area separate from consultation area					
	g. Functional Toilet					
	h. Adequate signage for entrance & exit					
	i. Fire safety provision					
	j. Non-slippery floors					
	k. Provisions of access to PWD (e.g. ramps, elevator, handrails, priority lane, etc.)					
	l. Safe storage of laboratory reagents, if applicable					
3.0	**Infection control and risk management including**:					
	a. Availability of personal hygiene inputs (e.g and water, hand disinfectants, etc.)					
	b. Use of puncture proof receptacles for disposed sharps and needles					
	c. Use of gloves & masks					
	d. Observation of environmental hygiene (e.g. disinfecting surfaces and objects)					
	e. Area for cleaning instruments					
	f. Properly segregated and marked waste bins					
	g. Well-ventilated sputum collection area, if applicable					
	h. Adequate pandemic control and prevention measures in place					
4.0	**Basic Equipment and supplies:**					
	a. Non-mercurial BP apparatus					
	b. Non-mercurial thermometer					
	c. Stethoscope					
	d. Weighing scale (adult)					
	e. Weighing scale (pedia/infant)					
	f. Tape measure					
	g. Nebulizer					
	h. Sterilizer or its equivalent (auto-clave)					
	i. Lubricant jelly					
	j. Disposable gloves					
	k. Decontamination solutions					
	l. 70% Isoprophyl alcohol					
	m. Sterile cotton balls/swabs					
	n. Storage cabinet for sterile instruments and supplies					
	o. Vaginal speculum (big)					
	p. Vaginal speculum (small)					
	q. Disposable needles and syringes					
	r. Applicator stick					
	s. Specimen cups/bottles**					
	t. Glass slides					
	u. Glucometer**					
	v. Electrocardiogram machine with paper and its peripherals**					
5.0	**Consultation Services**					

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	a. Comprehensive Health Screening based on current standards of care					
6.0	**Laboratory and Diagnostic services, if applicable******					
	a. Updated DOH LTO of Clinical Laboratory appropriate for services as listed in Annex ___					
	b. Selected Cancer Screening Tests as listed in Annex ___					
	c. DOH License for Imaging Services					
	d. Certificate of Service Delivery Support (SDS), if applicable**					
7.0	**Optometric Services, if applicable******					
	a. Optometrists and/or Ophthalmologists with updated licenses are with valid accreditation					
	b. Updated FDA-LTO for Optometry Clinic					
	c. Certificate of Service Delivery Support (SDS)**, if applicable					
8.0	**Preventive Oral Health Service, if applicable******					
	a. Updated DOH License, if available					
	b. Compliance to all minimum requirements of the package (Annex SAT)					
	c. Certificate of Service Delivery Support (SDS)**, if applicable					
9.0	**Availability of YAKAP medicines******					
	a. Updated FDA Licensed Pharmacy with the following:					
	1. 21 Essential Drugs (Annex __)					
	2. 54 GAMOT Drugs (Annex __)					
	b. Certificate of Service Delivery Support (SDS), if applicable**					
10.0	**Functional Health Information System*****					
	a. PhilHealth-certified Electronic Medical Record (EMR)					
	b. Steady (25-100) MBPS Internet connectivity compatible with chosen certified EMR					
	c. Functional computer set-up compatible with the engaged EMR provider					
	d. Updated Google Chrome browser					
	e. Printer					
	f. Face capturing device (e.g. webcam/mobile phones)					
	g. Back-up for interruptions in power supply such as generator or offline compatible solution					
	h. Individual health profiles in EMR or equivalent					
	i. PhilHealth Check Utility (PCU) system***					
11.0	**Human Resource**					
	a. Physician					
	1. With updated PhilHealth Accreditation					
	2. With valid PRC license					

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	b. At least two (2) staff (2 Nurses or 1 Nurse & 1 Midwife)					
	1. Active PhilHealth member					
	2. Valid PRC license					
12.0	**Protocols, Policies**					
	a. Patient Identification Verification***					
	b. FPE and comprehensive health screening***					
	c. Emergency preparedness plans (exit, evacuation plans)					
	d. Drug storage and dispensing					
	e. **Financial Management****					
13.0	Account for Auto-Credit Payment Scheme (ACPS)					
	a. PhilHealth certified IT provider for eClaims and primary care, if applicable					
14.0	**Records management**					
	Patient records (electronic/hardcopy) in accordance with existing rules & regulations in managing health information and data privacy law.					
	a. First Patient Encounter (FPE)*					
	1. Patient Empanelment*					
	2. Clinical Charts					
	3. Referrals					
15.0	**Knowledge Transfer (Orientation)**					
	a. Capitation per registered member annually***					
	b. Encoding and transmission of YAKAP data***					
	c. Policy on patient transfer in accordance with existing PhilHealth YAKAP policy***					
	d. PCU Utilization***					
	e. GAMOT app generation capability***					
	f. Orientation on Anti-fraud measures ***					
16.0	**Availability of Information Materials (e.g. flyers, brochures, posters, audio visual presentation) on health and wellness such as but not limited to the following:**					
	Anti-smoking					
	a. Promotion of proper diet, exercise. Immunization					
	b. Infection & and pandemic control					
17.0	**Functions as navigator and coordinator of care**					
	a. Referral arrangement with oral health provider/dental clinic (not applicable if the YAKAP Clinic has its own dental service)					
	b. Referral arrangement with optometry clinics (not applicable if the YAKAP clinic has its own optometry clinic)					
	c. Referral arrangement with diagnostic facilities (not applicable if the YAKAP Clinic has its own diagnostic services)					

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Assessed by:

_____
Signature over printed name
HF's authorized representative

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For PhilHealth Surveyors use only

Deficiencies Noted: (to be complied within ____ days from the date of Pre-accreditation survey)

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Surveyors:

_____ _____

Signature over printed name
Designation

Signature over printed name
Designation

Conforme:

_____

Signature over printed name
HF's authorized representative